Case: 1:24-cv-06753 Document #: 10-1 Filed: 11/04/24 Page 1 of 2 PageID #:327

EXHIBIT 1

(6/30/08) CCM 0124 B

ANSWER OF THIRD PARTY RESPONDENT CITATION	
Citation/Respondent: Whiteamire Clinic P.A., Inc	filled out by the judgment creditor. Court Date: September 26, 2024
Citation/Respondent: Whiteamire Clinic P.A., Inc Defendant's Name: Cartridge World North America, LLC	Court Date: 5000000000000000000000000000000000000
Judgment Balance: \$4,293,000 + 28 U.S.C. § 1961 Interest	
This is a Citation: Freeze up to double the Judgment Balance. INTERROGATORIES	
IF THE ANSWER IS "YES" GO TO NEXT QUESTION. IF "NO" GO TO INSTRUCTIONS.	
2. Is this an IRA account? Or have all of the deposits made during Social Security, Unemployment Compensation, Public Assistance, Voother statutory exemptions? Yes No	the past 90 days been electronically deposited and identified as exempt eteran's Benefits, Pension or Retirement or by a source drawing from any
IF THE ANSWER IS "YES" GO TO NEX	T QUESTION. IF "NO" GO TO INSTRUCTIONS.
3. Is/Are the account(s)' current balance equal to or less than the tot	tal of the exempt deposits? 🔲 Yes 📋 No
IF YOU ANSWERED "YES" TO ALL 3 QUESTIONS AND THE FUNDS AND GO	FUNDS IN THE ACCOUNT(S) ARE EXEMPT, DO NOT FREEZE TO "INSTRUCTIONS" BELOW.
4. ACCOU	NT BALANCE AMOUNT WITHHELD
A) Savings Account \$	\$
B) Check/MMA/Now Account \$	363.00 s 3,854.97
C) Certificate of Deposit \$ D) Trust Account/Other \$	363.00 s 3,854.97 s s
D) Trust Account/Other \$(Describe)	<u> </u>
E) Safety Deposit Yes No F) Land Trust No.	
G) Less Right of Offset for Loans	\$
TOTAL AN	IOUNT FROZEN: \$ 3,854.97
5. List all electronic deposits into account(s) and their source(s) exe Account Number Source	Monthly Amount
	\$ \$
6. List all joint account holders or adverse claimants:	
Name Name	Name
Address Address	Address
Account Type Checking CD Savings Account Type Ch	ecking CD Savings Account Type Checking CD Savings
(1.) Fill out and sign the certification below. (2.) This Answer must b (3.) Fax or mail a copy of this Answer to (i) the Court, (ii) Plaintiff's a	TRUCTIONS of filed at least three (3) days before the court date to assure timely processing. ttorney and (iii) Judgment Debtor. If filing in the First Municipal District, you l. Daley Center, 50 W. Washington street, Room 602, Chicago, IL 60602. (4.) u how to proceed and where to send any withheld funds.
CER	TIFICATION
	the Code of Civil Procedure, the undersigned certifies that the statements
Date: 9.24.24	Print Agent Name:AUSTIN FORMIUEL
Respondent Name: COMPUTER CORNER, LLC	
Address: 1010 N. MAIN, OSHKOSH, WI 54901	Signature of Agent:
Telephone:92.o. 233. 0000	
FAX: 920. 744. 0102	